## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

Applicant Name: Robert 6/e	nn Bluethman	
Date Received: 1/24/13 4	Applicant Number: 100 48	
Recommended Applicant Pool Status:	Final Applicant Pool Status:	
☐Included ☐Removed	☐ Included ☐ Removed	
REQUIREMENTS:		
Was the application received before the subm	ission deadline? ☐Yes ☐No	
If NO, list time/date application was receive	ed:	
2. Is the application complete?	☐Yes ☐No	
If NO, list the item(s) that need to be compl	eted:	
3. Indicate how the applicant responded to the following questions:		
A. Student enrolled in a college/university in	the City of Austin?	
If YES, consider I and ii only; If NO, consider	I, ii, iii, and iv:	
i. Reside in the City of Austin?	☐ves ☐No	
ii. Registered to vote in the City of Au	ustin?	
iii. Continuously registered to vote in	the City of Austin?	
iv. Voted in 3 of the last 5 City of Aust	tin general elections?	
❖ Follow-up needed related to REQUIREMENTS?	□Yes □46	
If YES, identify issue(s) addressed and dispo		

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## **CONFLICTS OF INTEREST:**

4. Did the applicant respond "Yes" to any conflict of inter If YES, indicate which question(s):	rest questions?
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY:  5. Are applicant answers consistent?  If NO, indicate which answer(s):	□Yes □No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By:  Quality Control Review By:  Follow-up Contact(s) Reviewed By:	Review Date: 2/6/13  QC Review Date: 2/18/13  Date: